

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 17 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Committee

Rita Martinson Committee

Address

1472 Highway 51 - Madison, MS 39110

Telephone

601-856-4947

Fax

601-853-6629

Treasurer

Martinson

Email

rmartinson@house.ms.us



Check here if above is different from previous report

mmbr@bellsouth.net

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,500 + \$ 0	\$	\$ 1,500
Total amount of disbursements	\$ 3,003.13 + \$ 919.53	\$ 3,922.66	\$ 3,922.66
Total amount of cash on hand	(2009-46,428.76)	\$ 4,006.10	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Rita Martinson

Date

Jan. 17, 2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Rita Martinson

Reporting period

Jan. 1, 2010

through

Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Georgia-Pacific Financial Mgmt LLC</u>	<u>11/01/10</u>	\$ <u>250.00</u>
Mailing Address	<u>P.O. Box 61270</u>	<u>11/1/10</u>	\$
City, State, Zip Code	<u>Phoenix, AZ 85082-1270</u>	<u>11/1/10</u>	\$
Name of Employer (Required)	<u>George Guidry, Jr.</u>	<u>11/1/10</u>	\$
Occupation (Required)	<u>Timber Lumber</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Astra-Zeneca, LP</u>	<u>08/25/10</u>	\$ <u>300.00</u>
Mailing Address	<u>7516 Jeannette St.</u>	<u>11/1/10</u>	\$
City, State, Zip Code	<u>New Orleans, LA 70118</u>	<u>11/1/10</u>	\$
Name of Employer (Required)	<u>Ariane Spencer, Asst Dir. Gen'l</u>	<u>11/1/10</u>	\$
Occupation (Required)	<u>Pharmaceuticals</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Check into Cash, Inc.</u>	<u>10/31/10</u>	\$ <u>250.00</u>
Mailing Address	<u>P.O. Box 550</u>	<u>11/1/10</u>	\$
City, State, Zip Code	<u>Cleveland, TN 37364-0550</u>	<u>11/1/10</u>	\$
Name of Employer (Required)	<u>Capitol Partners Charles Lea</u>	<u>11/1/10</u>	\$
Occupation (Required)	<u>Cashing Checks</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>AT&T MS PAC</u>	<u>11/3/10</u>	\$ <u>500.00</u>
Mailing Address	<u>175 E. Capitol St. - Landmark Center</u>	<u>11/1/10</u>	\$
City, State, Zip Code	<u>Jackson, MS 39201</u>	<u>11/1/10</u>	\$
Name of Employer (Required)	<u>Randal Russell, Ex. Dir.</u>	<u>11/1/10</u>	\$
Occupation (Required)	<u>Telecommunications</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Rita Martinson

Page

2 of 2

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Covington Ins. Agency, Inc. (MAE-PAC)</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>200.00</u>
Mailing Address <u>118 Weisenberger Rd, Ste. 100</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110-5012</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Robin D. Covington, Agent</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Insurance</u>		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Rita Martinson

Reporting period

Jan. 10

through

Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	<u>American Legion - Bay's State</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>4/23/10</u>	\$ <u>250⁰⁰</u>
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>for picnic to attend Bay's State</u>	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
B. Full name	<u>Madison-Bridgeland Rotary Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/6/10</u>	\$ <u>211</u>
City, State, Zip Code		<u>1/13/10</u>	\$ <u>85</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>296</u>
C. Full name	<u>Committee to Elect Will Longwitz</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 1273</u>	<u>8/20/10</u>	\$ <u>100</u>
City, State, Zip Code	<u>Madison, MS 39130</u>	<u>4/2/10</u>	\$ <u>200</u>
Purpose of Disbursement (Optional)	<u>Election to County Judge position</u>	Aggregate Year-to-date	\$ <u>300</u>
D. Full name	<u>Office Depot</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1053 E. County Line Rd.</u>	<u>5/27/10</u>	\$ <u>139.08</u>
City, State, Zip Code	<u>Jackson, MS 39211</u>	<u>5/28/10</u>	\$ <u>138.09</u>
Purpose of Disbursement (Optional)	<u>Desk + Chest</u>	Aggregate Year-to-date	\$ <u>277.17</u>
E. Full name	<u>Madison-Bridgeland Rotary Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/7/10</u>	\$ <u>226--</u>
City, State, Zip Code		<u>11/5/10</u>	\$ <u>216 --</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>738 --</u>
F. Full name	<u>Miss. Republican Party Victory 2011</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 60</u>	<u>1/8/10</u>	\$ <u>500 --</u>
City, State, Zip Code	<u>Jackson, MS 39205</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>Election 2011</u>	Aggregate Year-to-date	\$ <u>500 --</u>

Name of Candidate or Committee Rita Martinson
 Reporting period Jan. 10 through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Computer + Printer Service, Inc.	6/8/10	\$ 641.96
Mailing Address		
109 West Railroad St. Ste. B		
City, State, Zip Code		
Ridgeland MS 39157		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 641.96
new computer system		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$